

ND Part C

FFY2016 State Performance Plan / Annual Performance Report

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

North Dakota is divided into **eight** regions. Each region has **one** DD Program Management (Service Coordinators) Unit through the Regional Human Service Center. For FFY 2016, **six** of the regions had **one** Infant Development program and **two** regions had **two** Infant Development programs. For monitoring purposes, the regional program is defined as a regional DD Program Management Unit (Service Coordinators) and an Infant Development Program.

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General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Since FFY 2010, North Dakota (ND) has been engaged in improving General Supervision, and in doing so, has taken advantage of national technical assistance (TA) resources from a number of entities, as reported in the past five Annual Performance Reports. To assist with ongoing accountability, the ND Interagency Coordinating Council established a standing agenda item to review General Supervision activities on a quarterly basis.

Over the past five federal fiscal years, ND State Office staff, along with data staff, have reviewed the queries used from North Dakota's electronic data system to assure that the reports are being generated consistently across the years and continue to meet the state's needs to determine state and regional program performance. This work has provided ongoing direction to the regional programs on more consistent data entry and application of Part C regulations.

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Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

General Supervision/APR Preparation/SSIP Preparation/Part C Regulation Implementation – DaSy/ECPC/ECTA/ITCA/IDC/NCSI

Events labeled "TA Call" refer to nation-wide TA calls. TA that was specifically provided to North Dakota has been noted with the TA provider, for example: "OSEP On-Site."

Date	Event
August 8, 2016	TA Call
August 15-17, 2016	DaSy Conference
September 8, 2016	TA Call
October 3, 2016	TA Call
October 13, 2016	TA Call
October 27, 2016	DaSy TA Call
November 3, 2016	OSEP DMS Call
November, 10, 2016	TA Call
November 28, 2016	OSEP TA Call

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November 30, 2016	TA Call
December 5, 2016	DaSyTA Call
December 8, 2016	TA Call
December 13, 2016	TA Call
December 20, 2016	NCSI TA Call
December 21, 2016	TA Call
January 10, 2017	TA Call
January 12, 2017	ECTA TA Call
January 12, 2017	TA Call
February 8, 2017	OSEP Symposia
February 9, 2017	ECTA/DaSy TA Call
February 9, 2017	TA Call
February 10, 2017	OSEP DMS Call
February 15-16, 2017	NCSI On-Site
February 21, 2017	TA Call
February 23, 2017	TA Calls
February 27, 2017	DaSy & NCSI TA Calls
March 1-3, 2017	DaSy & ECTA On-Site
March 29, 2017	TA Call
March 31, 2017	DaSy & ECTA TA Call
April 20, 2017	TA Call
April 24, 2017	DaSy TA Call
April 28, 2017	OSEP TA Call
May 1, 2017	OSEP Clarification TA Call
May 2, 2017	DaSyTA Call
May 15-19, 2017	DaSy Linking
June 6-7, 2017	DaSy Cohort In-person
June 22, 2017	IDC TA Call

The State received ongoing TA from NCSI, IDC, ECTA and DaSy. The national TA the State received primarily supported us to review and improve our processes around data quality, which is ongoing. Meetings between the State Part C, State systems representatives, State Part C TA and our federal TA contacts continued throughout the year to work on data quality, which is an identified area within our SSIP.

In addition, we focused on the processes for Indicator 4, specifically on improving our return rate and representativeness with our federal TA contacts through refinement of our methodology. Another focus was on implementing a new Child Outcome Tool in our system to improve Indicator 3. This work continues. The State continues to utilize federal TA to develop actions to improve Indicator 8 data transference from Part C to 619 and participated the DaSy Linking 619 to Part C Data Cohort.

The State worked intensively with our federal TA partners in the development of the APR and SSIP, including content, stakeholder involvement, data refinement, strategies and evaluation plan. Intensive work was completed on developing an overall framework for the SSIP and other state work. This included action strand improvement plans and evaluation plans development.

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No APR attachments found.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

A bulk of our professional development is provided over PolyCom, the video conferencing system we have across the state. We train on a variety of topics determined by the Part C Coordinator and as requested by the field. As our budget allows, we hold an in-person conference, which has a specific track for Early Intervention, and train on a variety of topics. Service Coordinators, Early Intervention providers, Right Track Coordinators and consultants (which perform our child find activity) attend.

Date	Event	Topic(s)
July 19, 2016	Video Conference Training	Early Childhood Mental Health
August 11, 2016	Regional Social-Emotional and Functional Outcome Training	Social-Emotional and Functional Outcomes
August 29, 2016	Professional Development (PD) Workgroup	State PD System Development
		Variety of Early Childhood Topics
September 7-8, 2016	Crossroads Conference	Foundations of Emotional Literacy
		Social Emotional Strategies
September 23, 2016	Regional Coaching Training	Coaching in EI
September 27, 2016	PD Workgroup	State PD System Development
October 5, 2016	Service Coordinator Orientation	Variety of Early Childhood Topics
October 13-15, 2016	Social-Emotional Collaborative	Social-Emotional Strategies
October 18, 2016	Family Data Institute	Data Meeting
October 18, 2016	Video Conference Training	Pay Points
		Billing Guidance
October 24, 2016	PD Workgroup	State PD System Development
November 7, 2016	PD Workgroup	State PD System Development
November 14-15, 2016	Social-Emotional Collaborative	Pilot EIP Training
November 15, 2016	Video Conference Training	Pay Points
		Billing Guidance
November 22, 2016	Improving MIECHV Statewide Meeting	MIECHV Outcomes Meeting and Collaboration
December 16, 2016	PD Workgroup	State PD System Development
		Levels of Determination
December 20, 2016	Video Conference Training	APR Update
		SSIP Update
		Professional Development Workgroup Update
		APR Data
January 17, 2017	Video Conference Training	Table 3-Children Exiting Data

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DHS Budget-Experienced Parents

January 20, 2017	PD Workgroup	State PD System Development
January 26, 2017	ND Home Visiting Coalition Mtg.	Variety of Early Childhood Topics
January 30, 2017	Regional Social-Emotional Training	Social-Emotional
February 3, 2017	PD Workgroup	State PD System Development
February 28, 2017	Regional Social-Emotional Training	Family-Centered Practices
March 21, 2017	Video Conference Training	Parent representation on the ICC Professional Development Workgroup FFY 2015 Letters of Findings FFY 2014 & FFY 2015 Levels of Determination Child Outcome Tool Update SSIP Tables Review
March 23-24, 2017	ECE Conference	Variety of Early Childhood Topics
March 24, 2017	PD Workgroup	State PD System Development
March 29, 2017	Regional Training	Functional Outcomes
April 5, 2017	Service Coordinator Orientation	Variety of Early Childhood Topics
April 18, 2017	Video Conference Training	PD Workgroup Phase 2 SSIP AEPSi tentative training & implementation dates Updated Transition Guide & Training dates EI pertinent Legislative Updates Parent representation on the ICC Letters of Findings Level of Determination FFY 2017 Data Guidance Review
April 21, 2017	PD Workgroup	State PD System Development
May 1, 2017	Region 7 In-person	Transition Training
May 3, 2017	Region 6 In-person	Transition Training
May 5, 2017	Region 8 In-person	Transition Training
May 9, 2017	Regional Social-Emotional	Triadic Strategies
May 9, 2017	Region 2 In-person	Transition Training
May 10, 2017	Region1 In-person	Transition Training
May 16, 2017	Region 5 In-person	Transition Training
May 17, 2017	Region 4 In-person	Transition Training
May 18, 2017	Region 3 In-person	Transition Training
May 19, 2017	PD Workgroup	State PD System Development
May 21, 2017	In-person	Transition Training
June 1, 2017	Regional Social-Emotional	Pilot Supervisor Meeting
June 6, 7, & 9, 2017	Region 5 & 6 In-person	Child Outcome Tool Training
June 7-9, 2017	Region 7 & 8 In-person	Child Outcome Tool Training
June 12-14, 2017	Region 1 & 2 In-person	Child Outcome Tool Training

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June 14-16, 2017	Region 3 & 4 In-person	Child Outcome Tool Training
June 20, 2017	Video Conference Training	Child Outcome Tool
June 23, 2017	PD Workgroup	State PD System Development
June 28, 2017	Regional Social-Emotional	Pilot Training S/E

Attachments

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Stakeholder Involvement: ☐ apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, collaborated with our stakeholders, the North Dakota Interagency Coordinating Council (ND ICC) in reviewing the FFY 2016 SPP/APR data on December 14th, 2017 & January 25th, 2018.

ND DHS and NDICC reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

UPDATE: All required public information is contained on ND Early Intervention's website, which can be found at: <http://www.nd.gov/dhs/services/disabilities/earlyintervention/>.

The North Dakota Early Intervention website can be found at: www.ndearlyintervention.org. The FFY 2015 APR and SPP are posted under the Part C Info tab.

In addition to the posting on the website, this information is shared with the ND Interagency Coordinating Council, at the meeting following the receipt of the ND Part C Level of Determination. The local program Levels of Determination are shared with the ND Interagency Coordinating Council at the meeting that takes place once the local programs have received their determinations and have had the time and opportunity to share any concerns with the Part C Coordinator.

The ND Part C Level of Determination is shared with the Service Coordinators & Early Intervention providers during video conferencing session, after receipt of the State's level of determination. After the providers have received their individual determinations and have had time and opportunity to express concerns with the Part C Coordinator, the local program Levels of Determination are shared with Service Coordinators & Early Intervention providers during a video conference session.

Attachments

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icc annual report certification.pdf	Amanda Carlson	2/1/2018 9:48 AM	
nd ffy 2016 apr clarification.docx	Amanda Carlson	4/24/2018 4:51 PM	

Actions required in FFY 2015 response

OSEP Response

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

9/6/2018

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In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SIMR.

Required Actions

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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.



(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		59.26%	98.00%	98.19%	98.50%	92.16%	85.00%	92.70%	94.40%	94.52%	97.70%

FFY	2015
Target	100%
Data	98.92%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1168	1323	98.92%	100%	97.43%

Reasons for Slippage

The State has been experiencing a steady increase in children being referred. There was an increase of **207** children receiving new services between FFY 2015 & FFY 2016. However, the availability of qualified staff remains the same or is decreasing, depending on the profession. The State is reviewing the policies of the regional programs to ensure that services are delivered timely. The focus needs to be on regional recruitment and retention of providers to assure timely delivery of services. Regional drill down of data and development of strategies will aid in improving the timely delivery of services.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

For North Dakota, timely initiation of service is defined as the service happening on or before the date agreed upon at the IFSP meeting.

What is the source of the data provided for this indicator?

- ☒ State monitoring
- ☐ State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2016-June 30, 2017

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for Indicator 1 is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 1, using Therap, for FFY 2016.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

In FFY 2016, North Dakota had **ten** early intervention programs across the state. The performance of all **ten** of these programs is represented in this data.

☒ Provide additional information about this indicator (optional)

In reviewing the local program data, all of the programs had performance above **93%**. **Two** of the **ten** programs were at **100%**.

Based on the FFY 2016 data, **eight** programs had noncompliance and will be issued letters of findings. The state will continue to track correction of noncompliance until verification is completed according to federal requirements for **Prong 1** and **Prong 2**.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	12	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state issued findings for noncompliance found in FFY 2015 in April 2017 to **three** programs.

As of November 9, 2017, all **three** programs corrected their noncompliance. Verification of the correction for the twelve findings was made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (**Prong 2**).

Describe how the State verified that each individual case of noncompliance was corrected

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (**Prong 1**) based on a review by the regional program administrators and the state.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			96.40%	96.50%	96.60%	96.80%	97.00%	97.20%	97.40%	99.30%	99.30%
Data		98.26%	92.70%	94.30%	99.30%	97.91%	99.25%	99.02%	99.68%	99.71%	99.83%

FFY	2015
Target ≥	99.30%
Data	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	99.30%	99.30%	99.70%

Key:

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,276	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Total number of infants and toddlers with IFSPs	1,276	

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,276	1,276	100%	99.30%	100%

☒ Provide additional information about this indicator (optional)

The total number of infants and toddlers with an IFSP and those served in home or community settings increased in **FFY 2016** as compared to **FFY 2015** data. There were **54** more infants and toddlers with IFSPs in the child count this year who primarily received early intervention services in the home or community-based settings in **FFY 2016** than in **FFY 2015**.

Actions required in FFY 2015 response

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

none

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? No

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2008	Target ≥						34.00%	34.50%	34.60%	34.70%	37.70%	37.80%
		Data					33.30%	34.50%	31.20%	35.80%	37.70%	38.05%	44.33%
A2	2008	Target ≥						61.00%	61.50%	61.60%	61.70%	44.70%	44.80%
		Data					60.30%	55.20%	34.10%	39.70%	44.60%	45.07%	42.77%
B1	2008	Target ≥						48.00%	48.50%	48.60%	48.70%	61.10%	61.20%
		Data					47.50%	42.30%	41.60%	56.70%	61.10%	59.06%	59.08%
B2	2008	Target ≥						52.50%	53.00%	53.10%	53.20%	46.20%	46.30%
		Data					52.00%	46.00%	32.50%	37.00%	46.20%	44.18%	38.48%
C1	2008	Target ≥						65.00%	65.50%	65.60%	65.70%	67.40%	67.50%
		Data					64.80%	56.70%	55.00%	58.80%	67.42%	63.41%	64.95%
C2	2008	Target ≥						81.50%	82.00%	82.10%	82.20%	67.90%	68.00%
		Data					80.90%	66.50%	55.30%	61.10%	67.90%	64.78%	59.18%

	FFY	2015
A1	Target ≥	37.90%
	Data	72.46%
A2	Target ≥	44.90%
	Data	41.71%
B1	Target ≥	61.30%
	Data	69.03%
B2	Target ≥	46.40%
	Data	36.51%
C1	Target ≥	67.60%
	Data	78.18%
C2	Target ≥	68.10%
	Data	57.80%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A1 ≥	38.00%	39.10%	39.20%
Target A2 ≥	45.00%	45.10%	60.40%
Target B1 ≥	61.40%	61.50%	62.50%
Target B2 ≥	46.50%	46.60%	52.10%
Target C1 ≥	67.70%	67.80%	68.80%
Target C2 ≥	68.20%	68.30%	81.00%

Key:

Targets: Description of Stakeholder Input

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The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	836.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	43.00	5.14%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	134.00	16.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	296.00	35.41%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	160.00	19.14%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	203.00	24.28%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	456.00	633.00	72.46%	38.00%	72.04%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	363.00	836.00	41.71%	45.00%	43.42%

Outcome B: Acquisition and use of knowledge and skills (including early language/ communication)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	22.00	2.63%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	234.00	27.99%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	271.00	32.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	241.00	28.83%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	68.00	8.13%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	512.00	768.00	69.03%	61.40%	66.67%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	309.00	836.00	36.51%	46.50%	36.96%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	32.00	3.83%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	111.00	13.28%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	210.00	25.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	306.00	36.60%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	177.00	21.17%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased	516.00	659.00	78.18%	67.70%	78.30%

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	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).					
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	483.00	836.00	57.80%	68.20%	57.78%

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No
Provide the criteria for defining “comparable to same-aged peers.

North Dakota used the Oregon Early Childhood Assessment as the assessment tool for child outcome data in **FFY 2016**. The tool was developed by the Oregon Department of Education and Portland State University through a grant from OSEP. Cut off points received from Portland State University are used to compare children at entry and exit with same age peers across 16 foundation areas. The foundations are then mapped to the three outcomes areas addressed in this indicator.

North Dakota replaced the child outcomes assessment tool in the fall of 2017 with the AEPS. ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the months of July-September 2017.

List the instruments and procedures used to gather data for this indicator.

The tool utilized in North Dakota to measure this indicator for FFY 2016 was developed by the Oregon Department of Education and Portland State University through a grant from OSEP. Cut off points received from Portland State University are used to compare children at entry and exit with same age peers across 16 foundation areas. The foundations are then mapped to the three outcomes areas addressed in this indicator.

North Dakota used the Oregon Early Childhood Assessment as the assessment tool for child outcome data in FFY 2016. The tool is currently embedded into North Dakota's electronic data system (Therap) and entry occurs online. The Service Coordinator (DDPM) is responsible to ensure completion of the tool by local early intervention providers. Initial child outcome assessment (also known as the Child PAR) is completed and entered into the data system by early intervention providers, and activated by the Service Coordinator (DDPM) within 30 calendar days of the initial IFSP meeting date. Exit child outcome assessments are activated by the Service Coordinator (DDPM) no later than the day the child turns three or exits services. The assessment cannot be completed earlier than 30 calendar days prior to the child's third birthday or exiting services. It is also important to note that in **FFY 2016**, the state is reporting child outcomes on an increased number of children. A total of **836** children had complete child outcomes data for each outcome (3A, 3B, 3C), which is an increase from **808** children in **FFY 2015**.

North Dakota replaced the child outcomes assessment tool in the fall of 2017 with the AEPS. ND began using the AEPS as an evaluation/assessment tool and entering data into the AEPSi data system on 10.2.17. Staff received training in June 2017 and were able to pilot the system for the months of July-September 2017.

Actions required in FFY 2015 response

none

OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2006	Target ≥					86.00%	86.50%	87.00%	87.20%	87.40%	87.40%	87.50%
		Data			88.12%	89.14%	88.00%	90.00%	90.00%	88.00%	86.92%	99.00%	99.51%
B	2006	Target ≥					90.00%	90.50%	91.00%	91.20%	91.40%	93.00%	93.10%
		Data			88.46%	92.10%	91.00%	90.00%	92.00%	94.00%	92.99%	99.33%	99.76%
C	2006	Target ≥					88.00%	88.50%	89.00%	89.20%	89.40%	91.60%	91.70%
		Data			85.79%	89.80%	90.00%	92.00%	92.00%	90.00%	91.59%	98.67%	99.51%

	FFY	2015
A	Target ≥	87.60%
	Data	97.67%
B	Target ≥	93.20%
	Data	98.00%
C	Target ≥	91.80%
	Data	96.66%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target A ≥	87.70%	87.80%	88.20%
Target B ≥	93.30%	93.40%	94.00%
Target C ≥	91.90%	92.00%	92.60%

Key:

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

FFY 2016 SPP/APR Data

Number of families to whom surveys were distributed	1079.00
Number of respondent families participating in Part C	30.31% 327.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	322.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	326.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	325.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	325.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	323.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	325.00

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	97.67%	87.70%	98.77%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	98.00%	93.30%	100%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	96.66%	91.90%	99.38%

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. No

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The total number of surveys decreased by **1054** in FFY 2016 due to a 6-month time frame being used compared to a one year timeframe that was used during FFY 2015. The method of distribution also changed, reverting back to the method in FFY 2013 & FFY 2014. In FFY 2015, the surveys were mailed to families actively enrolled in Early Intervention for at least one day of service from 7.1.15 to 6.30.16. The methodology used in FFY 2013, FFY 2014 and FFY 2016, was a survey hand-delivered by the service coordinator (DDPM) or EI service provider in a self-addressed, stamped envelope to every family who had an annual IFSP or Periodic Review meeting between June 1, 2017, to November 30, 2017. Families either chose to complete the survey at the IFSP meeting/periodic review and hand it back to the service coordinator or service provider, or the families chose to complete the survey at a later date and mail it back to the regional human service center.

The table below shows the varying return rates between the hand-delivered and mailing methodology. On January 25, 2018, the ICC reviewed the Indicator 4 data and discussed changes to the methodology. The ICC recommendation was to continue the current hand-delivered method due to concern that not enough time had occurred using this method. The state team is exploring additional methods to overlay the current methodolgy to assure representativeness. A variey of options will be considered in collaboration with the PTI. Options could include a shortened survey period, connection to quarterly Quality Enhancement Review (QER) meetings through service coordinators with families instead of IFSP annual or review meetings, the aid of state queries of families who will receive the survey to track completion, and/or using the Experienced Parent (EP) program through the PTI to contact families with information about the upcoming survey, EP program contacting underrepresented groups twice to encourage completion of the survey in the future. Additional stakeholder involvement will be sought to consider these changes.

FFY	Survey Timeframe	Procedure	Surveys sent	Surveys Returned	Survey Return Rate
2016	6 month	Hand	1079	327	30.31%
2015	Full year	Mail	2133	303	14.21%
2014	6 months	Hand	1143	412	36%

Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

North Dakota met its target in A) Percent of families participating in Part C who report that early intervention services have helped the family know their rights increasing slightly from **97.7%** in FFY 2015 to **98.8%** in FFY 2016. North Dakota met its targets in B) Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs increasing from **98.00%** in FFY 2015 to **100.0%** in FFY 2016. North Dakota also met target in C) Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn increasing from **96.7%** in FFY 2015 to **99.4%** in FFY 2016. Note that **2** surveys were returned with no or little data, thus **327** surveys were returned, but **326** was used as the total for returned in category A, and **325** was used as a total for returned in category B and C.

During FFY 2016, the methodology used in FFY 2015 was reviewed and discussed with stakeholders from the ICC. It was determined to use the methodology used in FFY 2013 and FFY 2014. In this methodology for collection, families who had been in services for at least **six** months were surveyed. A survey was hand-delivered by the service coordinator, developmental disabilities program manager (DDPM) to every family who had an annual IFSP or periodic review meeting between June 1, 2017, to November 30, 2017, in a self-addressed stamped envelope. The annual IFSP meeting and periodic review meetings were chosen during that time frame because all families would have had a required meeting during the time frame offering the opportunity for the survey to be hand-delivered. The ECO Family Outcomes Survey-Revised (FOS-R) was used, and it included a cover letter and newsletter with the FFY 2015 results and information. On the survey, the family self-reports their regional human service center, EI services provider, and

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

race/ethnicity. Families can choose to complete the survey at the IFSP meeting/periodic review and hand it back to the service coordinator, or the families can choose to complete the survey at a later date and mail it back to the regional human service center. At the end of the collection period, all surveys were returned to the lead agency office to be scanned for data collection by the state developmental disabilities administrator.

Based on the electronic record, there were **1079** families, whose child was in services at least **six** months and therefore eligible to receive a survey. **Three hundred twenty-seven (327)** completed surveys were returned for a return rate of **30.31%** in FFY 2016, which was an increase from **14.21%** in FFY 2015. This was an increase in total number of surveys returned from FFY 2015 when **303** surveys were returned.

In FFY 2016, the response rate was representative of the population enrolled in Part C of North Dakota in the following categories: Asian, Native Hawaiian or Pacific Islander, White, and More Than One Race. It is important to note that **one** survey was returned with only region and race completed, so they could not be counted. The survey does not have an identifier; participants must choose to self-report their race. There is a survey question about race/ethnicity allowing participants to choose more than one race/ethnicity.

In FFY 2016, the response rate was underrepresented in American Indian/AK Native, Black or African American Hispanic or Latino, and Unable to Determine.

See the table below for detailed representativeness information. The under representativeness of the survey has been an ongoing concern to the state, especially since the American Indian population is the second largest race/ethnicity group of children receiving services in North Dakota. The state and its stakeholders continue to review the data carefully to further revise the methodology to improve representativeness; the progress made in FFY 2014 toward an increased response rate and timing of the survey will be reviewed with stakeholders. A focal point of the methodology review will be an effort to increase parent awareness of the importance of the survey and previous results.

Race/Ethnicity	Returned Survey Ethnicity Response #	Returned Survey %	State Total Part C Enrolled #	% Part C Enrolled
American Indian/AK Native	18	5.5%	96	9.0%
Asian	4	1.2%	7	0.6%
Black/African American	4	1.2%	19	1.8%
Hispanic/Latino	6	1.8%	48	4.4%
Native Hawaiian/Pac Islander	1	0.3%	1	0.1%
White	249	76.1%	778	72.1%
More than One Race	31	9.5%	26	2.4%
Unable to Determine	14	4.3%	104	9.6%
Total	327		1079	100.0%

In response to continued concern with achieving representative sample, as well as an acceptable return rate, ND's Interagency Coordinating Council sought input from the Early Intervention field in terms of their preferred method of survey distribution, whether a mailing from the State Office or hand delivered at an Annual IFSP or Periodic Review meeting. The overwhelming majority of Service Coordinators, Service Providers and Experienced Parents felt that the hand delivered methodology gave families a better understanding of the importance of completing the survey, as well as increased our return rate and achieved closer to representative sample. The Interagency Coordinating Council recommended that the State Office use the hand delivered methodology for the FFY 2016 Family Survey. The survey period for FFY 2016 ran from June 1, 2017 through November 30, 2017 and was hand delivered at the Annual IFSP or Periodic Review team meeting.

☒ **Provide additional information about this indicator (optional)**

UPDATE: North Dakota recognizes that it has not met the representative response rate and that the mechanisms we have tried so far, while improving the representative response rate, haven't been enough to return response representatively. North Dakota continues to work with stakeholder groups, including the ND Interagency Coordinating Council, to devise new mechanisms and strategies to achieve a representative response rate.

Actions required in FFY 2015 response

In the FFY 2016 SPP/APR, the State must report whether its FFY 2016 response data represent the demographics of the State, and, if not, the actions the State is taking to address this issue.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Responses to actions required in FFY 2015 OSEP response

OSEP Response

The State reported that the data for this indicator were collected from a response group that was not representative of the population. OSEP notes that the State included strategies and/or improvement activities to address this issue in the future.

Required Actions

In the FFY 2017 SPP/APR, the State must report whether its FFY 2017 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			1.78%	1.81%	1.84%	1.87%	1.90%	1.93%	1.96%	2.00%	2.00%
Data		1.58%	1.92%	2.12%	1.99%	1.95%	2.14%	1.62%	1.98%	1.86%	1.76%

FFY	2015
Target ≥	2.00%
Data	1.93%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	2.00%	2.10%	2.20%

Key:

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 1 with IFSPs	263	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 1	11,505	11,505
TBD			null	

Explanation of Alternate Data

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
263	11,505	1.93%	2.00%	2.29%

Compare your results to the national data

On November 1st, 2016 there were **263** children birth to one year of age with IFSP's in North Dakota. The number of children served is from Table 1 (618 data). North Dakota met their target of **2.00%** for this indicator. The percentage of children served in North Dakota increased form **1.93% to 2.29%**.

The total number of children birth to one year of age with an IFSP increased from **215** in FFY 2015 to **263** in FFY 2016. The population of children birth to one years of age increased from **11,144 to 11,505**.

2.29%= 263/11,505 X 100

The national average for FFY 2016 is **1.24%**. Compared to other states, North Dakota ranked **7th** overall according to table C1-9. North Dakota exceeded the national average.

9/6/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

According to Infant Toddler Coordinating Association (ITCA) 2017 North Dakota ranked 5th in percentage of children under one receiving services in Category B when categorized with similar data regarding **eligibility**.

According to Infant Toddler Coordinating Association (ITCA) 2017 North Dakota ranked 3rd in percentage of children under one receiving services when categorized with similar data regarding **lead agency**.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.98%	3.07%	3.16%	3.25%	3.28%	3.30%	3.40%	3.43%	3.43%
Data		3.02%	3.11%	3.29%	3.58%	3.39%	3.44%	3.41%	3.43%	3.50%	3.66%

FFY	2015
Target ≥	3.43%
Data	3.75%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	3.43%	3.43%	3.46%

Key:

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	Number of infants and toddlers birth to 3 with IFSPs	1,276	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	Population of infants and toddlers birth to 3	34,183	
TBD			null	

FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
1,276	34,183	3.75%	3.43%	3.73%

Compare your results to the national data

On November 1st, 2016 there were **1,276** children birth to three years of age with IFSP's in North Dakota. The number of children served is from Table 1 (618 data). North Dakota met their target of **3.43%** for this indicator. The percentage of children served in North Dakota slightly decreased from **3.75%** to **3.73%**, but it was not a meaningful decrease and not considered slippage.

The total number of children birth to three years of age with an IFSP increased from **1,222** in FFY 2015 to **1,276** in FFY2016. The population of children birth to one years of age increased from **32,590** to **34,183**.

3.73%= 1276/34,183 X 100

The national average for FFY 2016 is **3.12%**. Compared to other states, North Dakota ranked **14th** overall according to table C1-9. North Dakota exceeded the national average.

According to Infant Toddler Coordinating Association (ITCA) 2017 North Dakota ranked **8th** in percentage of children under one receiving services in Category B when categorized with similar data regarding **eligibility**.

According to Infant Toddler Coordinating Association (ITCA) 2017 North Dakota ranked **6th** in percentage of children under one receiving services when categorized with similar data regarding **lead agency**.

Actions required in FFY 2015 response

none

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.



(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		39.39%	56.25%	84.37%	96.70%	87.70%	87.30%	95.10%	97.10%	94.63%	98.04%

FFY	2015
Target	100%
Data	98.76%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

FFY 2016 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
860	999	98.76%	100%	98.00%

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

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What is the source of the data provided for this indicator?

- ☒ State monitoring
- ☐ State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2016-June 30, 2017

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data for Indicator 7 is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 7, using Therap, for FFY 2016.

In FFY 2015, North Dakota had **ten** early intervention programs across the state. The performance of all **ten** of these programs is represented in this data.

☒ Provide additional information about this indicator (optional)

In reviewing the local program data, **five** programs were at **100%**.

Based on the FFY 2016 data, **five** programs had noncompliance and will be issued letters of findings. The state will continue to track correction of noncompliance until verification is completed according to federal requirements for Prong 1 and Prong 2.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	13	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state issued findings for noncompliance found in FFY 2015 in April 2017 to **four** programs.

As of November 9, 2017, all **four** programs corrected their noncompliance. Verification of the correction for the seven findings was made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (**Prong 2**).

Describe how the State verified that each individual case of noncompliance was corrected

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (**Prong 1**) based on a review by the regional program administrators and the state.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.



(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	46.20%	50.00%	89.20%	59.70%	96.60%	97.22%	99.33%

FFY	2015
Target	100%
Data	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data



Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

-  Yes
-  No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
101	101	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	0
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What is the source of the data provided for this indicator?

-  State monitoring
-  State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2016-June 30, 2017

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

A data set for Indicator 8A is taken from North Dakota's state electronic record system, Therap. North Dakota obtained a full year of data for reporting on Indicator 8A, using Therap, for FFY 2015. Child records, representative of all **ten** programs, were pulled from the data set for review based on the size of the program. The state monitoring team reviewed the records using the state case review tool. In FFY 2016, North Dakota had **ten** early intervention programs across the state. The performance of all **ten** of these programs is represented in this data.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

☒ Provide additional information about this indicator (optional)

UPDATE: North Dakota did select the radio button indicating that "only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services." However, it must have not transmitted as such. North Dakota only included data for those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. I have also selected the radio button in GRADS indicating "Yes."

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.



(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		95.52%	100%	100%	82.14%	67.00%	81.00%	64.30%	0%	0%	22.46%

FFY	2015
Target	100%
Data	68.60%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Data include notification to both the SEA and LEA

- ☒ Yes
- ☐ No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
85	101	68.60%	100%	93.41%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	10
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Describe the method used to collect these data

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the notification to the LEA/SEA. To monitor for LEA notification, child records, representative of all **ten** programs, were pulled for review based on the size of the program. A state monitoring team reviewed the records using the state case review tool.

- Do you have a written opt-out policy? Yes
- Is the policy on file with the Department? Yes

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

What is the source of the data provided for this indicator?

- ☐ State monitoring
- ☐ State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2016-June 30, 2017

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the notification to the LEA/SEA. To monitor for LEA notification, child records, representative of all **ten** programs, were pulled for review based on the size of the program. A state monitoring team reviewed the records using the state case review tool.

☒ Provide additional information about this indicator (optional)

Based on the FFY 2016 data:

For LEA notification: A total of **101** records were reviewed. Of those **101** records, **10** parents chose to opt out of the notification. Of the **91** that required LEA notification, **85** of the records contained documentation of the notification. **Six** records did not contain a notification, therefore, North Dakota's performance for LEA notification is at **93.41%**. **Three** programs had noncompliance and will be issued letters of findings. The state will continue to track correction of noncompliance until verification is completed according to federal requirements for **Prong 1** and **Prong 2**.

For SEA notification: A total of 101 records were reviewed. Of those **101** records, **10** parents chose to opt out of the notification. The monitoring team reviewed the timeliness of the SEA notification being sent for these **91** children. Of the **91** that required SEA notification, **91** records were sent timely.

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state issued findings for noncompliance found in FFY 2015 in April 2017 to **eight** programs.

As of November 9, 2017, all **eight** programs corrected their noncompliance. Verification of the correction for the eight findings was made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (**Prong 2**).

Describe how the State verified that each individual case of noncompliance was corrected

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (**Prong 1**) based on a review by the regional program administrators and the state.

OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

9/6/2018

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

Required Actions

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FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.



(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		83.30%	100%	100%	68.75%	73.00%	83.00%	92.10%	96.50%	95.80%	96.38%

FFY	2015
Target	100%
Data	97.32%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target	100%	100%	100%

FFY 2016 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- ☒ Yes
- ☐ No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
91	101	97.32%	100%	100%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	10
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	0

What is the source of the data provided for this indicator?

- ☒ State monitoring
- ☐ State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2016-June 30, 2017

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The state used a full year of data from its electronic record system, Therap, to identify children whose records were reviewed to monitor for the presence of the transition conference. Child records, representative of all **ten** programs, were pulled for review based on the size of the program. A state monitoring team reviewed the records using the state case review tool.

☒ Provide additional information about this indicator (optional)

UPDATE: North Dakota did select the radio button indicating that "only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services." However, it must have not transmitted as such. North Dakota only included data for those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. I have also selected the radio button in GRADS indicating "Yes."

Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2015

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The state issued findings for noncompliance found in FFY 2015 in April 2017 to **four** programs.

As of November 9, 2017, all **four** programs corrected their noncompliance. Verification of the correction for the four findings was made according to OSEP memo 09-02. Specifically, in each instance, the State verified that the EIS programs were correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data, via record review and State electronic record (**Prong 2**).

Describe how the State verified that each individual case of noncompliance was corrected

The state assured correction of each individual case of noncompliance, except for children who were no longer within the jurisdiction of the EIS program (**Prong 1**) based on a review by the regional program administrators and the state.

OSEP Response

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions

Explanation of why this indicator is not applicable

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

This indicator is not applicable.

OSEP Response

This Indicator is not applicable to the State.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision
Results indicator: Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data											
Baseline Data: 2005											
FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data					0%	0%	0%	0%	0%	0%	

FFY	2015
Target ≥	
Data	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥			

Key:

Targets: Description of Stakeholder Input

The North Dakota Department of Human Services (ND DHS), as the Part C Lead Agency, along with our stakeholders, the North Dakota Interagency Coordinating Council (NDICC), reviewed the trend and performance data for the previous 3 years for all the results indicators to set targets for FFY 2013-2018 on December 4th, 2014. Given that North Dakota hasn't yet received 10 mediation requests in a FFY, no targets have been set.

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	2.1 Mediations held	n	null

FFY 2016 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0	0			

☒ Provide additional information about this indicator (optional)
UPDATE: North Dakota had no mediation requests in FFY 2016, nor in previous years. If/when ten or more medication requests happen in a fiscal year, North Dakota will set targets.

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none

OSEP Response

The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan



Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		25.00%	25.50%	26.00%
Data	0%	38.71%	73.21%	67.80%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline
Blue – Data Update

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	26.50%	27.00%

Key:

Description of Measure

Description of State Program

North Dakota's Part C program (hereafter referred to as ND Early Intervention) is administered by the Department of Human Services – Developmental Disabilities Division which is the lead agency. Within the lead agency, Part C staff, consists of one, part-time, Part C Coordinator for North Dakota, who also serves as the Part C Data Manager. In addition, there is a "state team" comprised of the state Part C Coordinator and two contracted people who support the state's APR and SSIP development, monitoring, technical assistance, professional development, coordination of the state interagency coordinating council, and experienced parent program.

ND Early Intervention is organized in conjunction with the state's eight regional Human Service Centers which serve as the single point of entry. More specifically, ND hires Developmental Disabilities Program Managers that serve as the service coordinators for ND Early Intervention and support referral and intake as well as ongoing service coordination needs.

ND Early Intervention contracts with licensed Developmental Disabilities providers to provide early intervention services. These service providers are responsible for evaluation for eligibility purposes, assessment, Individual Family Service Plan development and reviews, and the provision of Early Intervention services. There is at least one contracted provider in each region of the state which allows the entire state to be covered including the American Indian reservation areas. In total, there are 10 contracted providers that cover the state.

North Dakota serves 3.73%(FFY 2016) of the total population of children under the age of 3 in ND and 2.29% (FFY 2016) of the total population of children under the age of one. The point in time count for November 2017 was 1372 children and the cumulative number of children served in FFY 2016 was 2694.

North Dakota is home to five tribal governments and so it's no surprise that the state's more prevalent minority is the American Indian population. In FFY 2016, 9% of the total ND Early Intervention population were children who were of American Indian descent. This compares to 0.82% in the US Early Intervention populations.

North Dakota saw an unprecedented 4.4% growth in population from 2014 to 2015, in part due to rapid development of oil extraction in the western side of the state, which started in 2010. Nearly half of ND counties (24 of 53) had an increase in their child population from 2010 to 2011.

As described in this report, based on broad stakeholder input, North Dakota has a State Identified Measurable Result (SiMR) that focuses on the results for children so that families can be supported in improving children's social emotional development.

"There will be improved social emotional outcomes for children who come in below age expectation but make substantial gains (Indicator 3a, Summary Statement 1) while involved with 1 identified provider as a result of participation in early intervention."

For more information about the SiMR, please refer to section 4 of this indicator.

Targets: Description of Stakeholder Input

Multiple internal and external stakeholders were involved in the selection of the data used for the SiMR. This included the lead agency Part C Coordinator, state team members, state ICC, as well as a working group of regional service coordinators, early intervention coordinators, and experienced parents covering the following areas; fiscal support, provider support, family and community support

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including dispute resolution, and accountability, monitoring, and data (systems support). In addition, staff from the state's Parent Training and Information Center were involved in the stakeholder work.

A draft of this report will be posted on the North Dakota early intervention website www.nd.gov/dhs/services/disabilities/earlyintervention/.

Overview

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

How Key Data were Identified and Analyzed

State team members have attended opportunities for Results Driven Accountability (RDA). The state requested technical assistance from Mountain Plains Regional Resource Center (MPRRC and Carol Eslinger aided in development of a plan to identify and analyze data to support the development of the SiMR. State team members (Part C Coordinator, Family Liaison, technical assistance) began meeting in April 2014 to develop a plan for identifying key data. The meeting in Arizona helped the team determine the need for regional drill down of APR and other data sources. The team identified available data, possible data needs, and questions that might lead to further data needs.

Through state meetings with Carolee Eslinger, the team worked to determine data needs from April to June 2014. The team identified the need to develop data charts with regional breakdowns based on each APR indicator data for the past three years (FFY 2010 - FFY 2012) in order to review trends. Data team members developed data charts in two formats based on the indicator data. The team also identified the need to review the FFY 2012 point in time client count, Part C report on percentages of eligibility levels by provider, and a North Dakota demographic profile. A plan was made to develop this data into a format for stakeholder meetings planned for the summer of 2014. Decisions about what data would be presented to the stakeholders was made by state team members.

North Dakota's web-based data system, which also serves as an electronic record, is easily accessible by the state office, the service coordinators, and the providers. The system generates the majority of the information needed for the completion of the federal reporting requirements and assists with monitoring and for purposes of closing regional program findings. The Individual Family Service Plan (IFSP) is generated from the web-based system.

North Dakota Early Intervention is partnering on a data sharing initiative that originated with the state's Early Childhood Committee. Partnership on this committee includes Head Start, Child Care, and Department of Public Instruction.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conducive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

The stakeholders' input revealed that data entry into the system can be demanding. It was discussed that additional prompts, defaulted information, and anticipatory fields to decrease error in entry would be helpful.

Stakeholder Involvement in Data Analysis

On June 5, 2014, key stakeholders from the Interagency Coordinating Council (ICC) were given a review of the SSIP process with Carolee Eslinger leading the meeting. Then, the ICC was presented with state Part C data to review in small groups answering questions designed to aid in data analysis. After small and large group data analysis discussion, an infrastructure analysis was completed through a Strength-Weakness-Opportunity-Threat (SWOT) activity with a group gallery walk allowing different small groups to discuss and share information. Before the group left the meeting, additional data questions were generated.

For the July 16, 2014 stakeholder meeting, which included North Dakota staff including administrators of service coordination units, early intervention providers, experienced parents, and ND state staff, a binder of data was given to each of the stakeholders. The binder data included the following:

- Orientation PowerPoint of the SSIP plan
- ND Demographic profile including the following sources using the template developed at the ITCA fiscal initiative:

FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

- Table 618 data
- ND and US Kids Count data
- National Children's Health Survey
- Regional data bar and line graphs according to indicator
- Indicator 1 & 7 family reason data per region
- Raw regional data
- Child count grids
- Broad data analysis activity

Through these stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a, with significant concern in one region. In addition, there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery.

In August, the state team met with OSEP for two days to review the process and progress of the SSIP in North Dakota. There was continued discussion about additional data needs in the state to determine a SiMR. It was determined that the state would continue to drill down in data, specifically the FFY 2013 data as it became available. The FFY 2013 data was important to review as the state had implemented new procedures for family survey. On September 19, 2014, a follow-up meeting with Carolee Eslinger was held with ND state team members to discuss the OSEP meeting and state follow-up actions.

At the time the FFY 2013 data became available to the state team, it was disaggregated by region and reviewed alongside the federal performance 2012 data. Based on the FFY 2013 data the team determined that technical assistance was needed to discuss improved performance on Indicator 4.

How Data were Disaggregated

On December 31, 2014, the ND state team met with Sharon Walsh and Debbie Cate to discuss the FFY 2013 Indicator 4 data. The state had been identifying the family outcome as a SiMR. However, the FFY 2013 improvement in that area indicated a need to further drill down in Child Outcome indicators to determine the final direction of the SiMR based on data.

In February of 2015, the ND state team was able to view the disaggregation of Indicator 3 data by gender, race, length of service, eligibility levels and region. The state team reviewed federal performance levels along side regional trend data. Indicator 3a in general had a significant gap in relation to the federal performance. The state had ongoing concerns regarding the use and availability of evidence based interventions in the social/emotional area due to an increasingly diverse population entering the state. The state previously had initiatives around infant mental health during 2009/2010 in early intervention.

It was determined through data analysis that performance on 3a Summary Statement 1 for a single region dropped from 50% to 0% while the program doubled in size. This region continues to have growing diverse population. During data analysis of one provider, there were 7 children reported for Summary Statement 1A. There were a total of 13 children, with 6 of them entering at age-level in social-emotional (category e). Of the 7 remaining children, all were boys, 4 Caucasian, 1 African American, 1 Alaskan Indian, 1 unable to determine, and none of them made progress to same-age peers. There were 2 children in category a, making no progress, and 5 made progress not sufficient to move near same-age peers (category b). 4 children entered at the early intervention system with 2 or more delays at 25%, and 3 entered with high risk condition. In regards to length of service, two of the children entered service 13-18 months, one 19-24 months, one over 24 months, one entered between 7 to 12 months, and two entered younger than six months. Because we did not have any children in category c or d, the percentage reported for indicator 3A-1 in this region was zero. In conclusion, the children that came into the system delayed in social-emotional skills, did not show growth.

On March 4, 2015, the ICC met to review and give feedback on the SSIP plan. Stakeholders discussed the rationale for the SiMR, strategies, and targets. There was considerable discussion regarding the measurement process of child outcome summary statements, timely data, and valid and reliable measurement. Stakeholders considered the adoption of a new child outcome tool, the process of choosing the tool, and the important components of the tool, and the urgency of moving forward. Strategies of professional development, parent involvement, mentoring/coaching, evidence-based tools, evidence-based intervention in the area of social emotional were discussed. Training around evidence-based assessment, positive behavioral supports, resiliency and mindfulness strategies for families, using the new tool for progress monitoring, universal identification and Part C's role in leading this, children in foster care and supporting social emotional skills. Stakeholders brainstormed local and statewide initiatives to partner with in the area of social emotional.

Data Quality

The current child outcome tool, which was originally developed out of the state of Oregon, has not sustained continued development. On December 8, 2011, North Dakota addressed the issue with the North Dakota Interagency Coordinator Council (NDICC) and the members endorsed the need to pursue new measurement tools. In October 2012, North Dakota's Part C Coordinator met with Lynne Kahn of the ECO Center to discuss the state's transition to a new tool. The state has identified the need for a new tool as a top priority & will be taking the necessary steps to identify the best option & begin transitioning to a new tool. This will allow service providers to be trained to fidelity, and the state will have better access to timely, valid & reliable data.

There are concerns about the comparative peer issue on our current child outcome tool. However, the outcome tool has been meeting quality indicators according to the ECO quality report. The state targets are under the federal performance averages, and the state is not sure if this is due to the tool being used, training issues around the tool, or collection of data. There are concerns about the number of

Beginning in FFY 2011, the ND state team developed a Data Guidance document to assist service coordinators and service providers in understanding the procedures and importance of the data collection for compliance indicators. Specifics were given as to what the State team would be reviewing for compliance, where it need to be located within the electronic data system and what was required. ND has given and trained on a Data Guidance for every federal fiscal year since 2011. We have seen improvement in what is entered into our electronic data system, although still struggle with certain data elements, like IFSP meeting date, being consistently entered into our electronic data system. The State continues to consider putting edits into the electronic data system to ensure more consistency in data entry.

We continually work with our electronic data system managing company to refine our query process and become more accurate in the data pulled. Due to numerous data elements needed to pull various indicator reports, there are times that we must request reports to be pulled by the electronic data system managing company, which increases the timeline for delivery of the query, as well as additional manipulation by the data support available to the Part C Coordinator. This additional "handling" of the data introduces increased opportunity for data error, however, the State continues to work with the electronic data system managing company to reduce this as much as possible.

In FFY 2013, the survey methodology for collecting information for Indicator 4 - Family Outcomes was updated with the goal of increasing participation and demographic representation. While this was successful in many ways, the State is continuing to refine the survey collection methodology.

The State will continue to explore our abilities to drill down on our Indicator 3 - Child Outcomes data, so that we can better understand how other factors affect performance, i.e. socioeconomic status, access to other public supports, types of services accessed, frequency of service accessed, etc.

Considering Compliance Data

The relationships between compliance data and results data were analyzed to determine whether any noncompliance was having an effect on improvement. ND is seeing an increase in the utilization of family reason for delays in timely initiation of services (Indicator 1), as well as the 45-day timeline for IFSP development (Indicator 7) and Transition (Indicator 8). In FFY 2010, the utilization of family reason to explain lateness was at 44% for the compliance indicators. This increased to 83% by FFY 2012. The increased utilization of family reason is cause for concern, so the State is completing additional drill down to determine the accuracy of that utilization, as well as ensuring families have been informed of their rights to timely initiation of service, IFSP development within 45 days and a timely and smooth transition.

Overall, the State has seen improvement in regards to our compliance data and feel this is, in part, due to consistent data processes and procedures being developed since FFY 2011. Those processes and procedures, along with the issuance of our Data Guidance document, assists service coordinators and early intervention providers in having a better understanding of the data, how it is used and impacts them and the importance of their timely documentation.

Additional Data

In reviewing all of the data that is available to the State, there were several areas that were identified as needing improvement. ND continues to have additional data needs that need to be addressed in the future, especially in the relation of data "experts." At this time, the Part C Coordinator also serves as the data manager, as there's no dedicated time allocated specifically for Part C. There is a department within DHS, called Decision Support Services. Assistance from this unit has been available on a limited basis to Part C, due to the mining of data for Part C being low on the list of priorities for that unit. This will be addressed by a meeting between the State team & those from Decision Support Services who have assisted with Part C data, to take place by 5.31.15. The outcome of this meeting will be to design a plan to move forward with getting timely data to the State.

A specific data element that the State is drilling down on is our exit data, as we feel that looking into those who leave services early, to better understand situations where there was no response from families or they withdrew from services, will assist in better defining services, expectations and communicating with families. Also, the ability to further disaggregate down to the provider level and determine if all Child Outcome data that should be captured is being captured, will greatly assist the State in ensuring we're providing effective services. This will be addressed by a meeting between the State team & those from Decision Support Services who have assisted with Part C data, to take place by 5.31.15. The outcome of this meeting will be to design a plan to move forward with getting timely data to the State.

The State is working with the Section 619 Coordinator in the Department of Public Instruction to further refine data sharing, specifically in relation to Indicator 8 for Part C and Indicator 12 for Part B. Part C would like to explore the option of ascertaining those that participated in Section 619 services, however didn't participate in Part C services, to see where we may be missing serving those children, especially those who fall into the emotional disturbance and autism categories. A meeting is scheduled for the Part C Coordinator, the Section 619 Coordinator & the Part B Data Manager to meet on 4.2.15 to discuss the sharing of data. The outcome of this meeting will better align the needs of Part C & Part B in sharing data, as well as exploring other opportunities of partnership.

The State team will be developing a plan to look more broadly at available stakeholders who may have data that will be beneficial in better understanding the social-emotional performance of infants and toddlers across the state. This will be placed on the agenda for the June and/or September ICC meetings.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

How Infrastructure Capacity was Analyzed

North Dakota has established a strong practice of reviewing the Annual Performance Report and State Performance Plan with the North Dakota Interagency Coordinating Council, the administrators of the service delivery system, and the core of parents that are hired in the system as Experienced Parents (at least one parent per region). This practice has created a familiarization with Part C law, regulations, and required reporting elements. The review of the Improvement Activities has generated discussion about the broad system on an annual basis.

In 2014, North Dakota was accepted to participate in the ITCA Fiscal Initiative. Through this process, the state engaged in developing a state demographic profile. This profile assisted the state in understanding the trends in growth, the state progress compared to national trends, and possible unique qualities of the state. This profile has been shared with the stakeholders that are described above as well as with representatives from the state's Parent Training Information Center. Through an investigation of ND's fiscal situation, it was noted that North Dakota has a minimal level of administration with only part-time staff in the state office and that there is increasing burden on the Part C budget to pay for direct services. Presently there is no dedicated time from a data analyst at the state office specifically for Part C.

The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings. These meetings were described earlier and included an analysis of the state infrastructure from a broad perspective using a SWOT analysis. National technical assistance was used to design the group participation in the analysis and were present to assist in the facilitation of both of these meetings.

The stakeholder meetings were structured so that a full review of the state data (as outlined in Section 1) had occurred prior to the Infrastructure Analysis. The data elements that appeared to influence the infrastructure analysis included: the state's significant rate of growth in birth rate and eligible children, the state's strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

Description of the State Systems

Governance- As noted earlier, the North Dakota Department of Human Services (DHS) - Division for Developmental Disabilities is the lead agency for North Dakota Early Intervention. DHS has served as the lead agency since the incorporation of IDEA in North Dakota. In North Dakota, the following offices are also included under DHS: State Medicaid, Early Childhood (management of the Child Care Block Grant), Child Welfare, Head Start State Collaboration, Mental Health, and Developmental Disabilities.

Part C in North Dakota is administered through 50% FTE for a coordinator position and 15% FTE for administrative support. The North Dakota Part C federal grant supports contracts for technical assistance and these contracts assist the state in the work required to maintain Part C in North Dakota.

North Dakota's Early Intervention delivery system is managed through eight regional centers located across the state. The single point of entry for intake and eligibility decision-making are the regional Human Service Centers. In addition to intake and eligibility, the staff out of the Developmental Disabilities Program Management units also serve as service coordinators for the children that are eligible for North Dakota Early Intervention. The Developmental Disabilities Program Managers are state employees and receive oversight from the state DHS office for purposes of licensing and program support. The Part C Coordinator is an active part of that oversight.

DHS currently contracts and licenses providers that provide a service that's called "Infant Development" in North Dakota. These providers are contracted to conduct the evaluations needed for eligibility purposes, conduct assessments for programming purposes, convene and develop the IFSP and reviews, provide the required early intervention services, and conduct transition activities. In addition to these providers, the state also issues contracts so that a parent who has had a child in Early Intervention can be hired in each region of the state. Among other activities, these parents, referred to as Experienced Parents, assist in regional general supervision activities.

Fiscal- North Dakota has used a unique funding strategy for many years by funding the majority of the service delivery through participation in the state Home and Community Based Medicaid waiver. Providers are paid with federal Medicaid dollars that are matched with 50% state general funds. Service coordination is paid by state general funds and Medicaid dollars, when appropriate. Presently, the state is not collecting third party insurance or assessing a parent fee.

Quality Standards- Following the issuance of the IDEA federal regulations, the state followed suit by preparing state policies. These were approved by the Office of Special Education in 2013. Additional state procedures have been issued and continued to be developed. Presently, the state does not have any state statute mandating participation in the federal Part C system. There are no state developed standards. However, the DEC Recommended Practices have been promoted to drive service delivery but not in a structured fashion.

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Professional Development—North Dakota Early Intervention uses a combination of statewide distance meetings, a biennial conference, and technical assistance to assure that the staff delivering services have the needed tools. North Dakota Early Intervention also coordinates with other early childhood opportunities such as the Home Visitation Coalition Conference and the state's Parent Training Information Center's annual conference for parents.

Data—The data system that is used by North Dakota is web-based and developed through coordination of the state office and an independent contractor, Therap. The system has been in use since 2010. Both service coordinators and providers have access for input and reporting purposes. The data system is used for the purposes of an electronic record and a repository of data that can be used for completing federal requirements such as the APR/SPP, 618 data reports, assigning levels of determination to the regional programs, and completing regional program reports. An annual state data guidance document is released to the regional program staff on data requirements, timelines, and review activities.

Technical Assistance—Technical assistance in North Dakota is accomplished through two contracts, one to Milestones Technical Assistance Consulting and one for a state family liaison, a parent who had a child in Early Intervention. Both contracts are involved in general supervision activities for the state as well as planning staff in-service and training. Regional program staff are able to access the technical assistance providers directly for ongoing support needs.

Accountability & Monitoring—North Dakota has established a predictable approach to the general supervision system which has assisted the regional programs to know what to expect. Letters of finding are issued on an annual basis, with immediate follow-up on closing the findings through both Prong 1 and Prong 2 reviews. Regional programs are then identified through this process for a Regional Action Plan (focused monitoring). State and regional level reporting information is maintained on the state website for public review. The North Dakota Interagency Coordinating Council has established a standing agenda item to review updates on general supervision and monitoring.

Systems Strengths and Areas for Improvement

Governance

Strengths: North Dakota has a rich history of providing services to infants and toddlers with disabilities dating back prior to the passage of Part H. The service model, from its inception in the 1970's, has always been based on a home visitation model. Center-based services are a rarity and are viewed as acting out of compliance. Currently ND has a 99.7% performance on Indicator 2, services to infants and toddlers in their natural environment. In addition, the ND Early Intervention has had a long history with the Department of Human Services as the lead agency. This relationship links ND Early Intervention to state Medicaid, mental health, child welfare, child care, and developmental disabilities. This history and performance creates a sturdy background for improvement.

Issuance of the federal Part C regulations assisted the state in moving forward with policy and procedure revisions and development.

The state has an active State Interagency Coordinating Council (SICC) that consists of 25 positions when fully appointed. The membership requirements in the operating procedures state the Council is to function with 30% parent membership and 20% membership as well as an individual who will represent each of the federally mandated positions. The SICC meets one time a year with the IDEA State Advisory Panel to discuss any crossover topics.

Areas for improvement: Currently, ND Early Intervention is managed through a 50% FTE for administration and a 15% FTE for administrative support in the state office. Presently there is no dedicated time from a data analyst at the state office specifically for Part C. The technical assistance contracts assist with general supervision and monitoring tasks, management of the SICC, coordination of the Experienced Parents, and professional development. A common theme through the stakeholders' review of the infrastructure was that the current level of administration is inadequate in managing the state system with the growth ND's experienced and the increased data and reporting requirements.

Because North Dakota's lead agency is not education, stakeholders felt that this presents a challenge in our ability to partner with Part B around data sharing, outcome measurement, childfind, professional development, personnel qualifications, and seamless transition around eligibility for Part B. While a Memorandum of Agreement is in place between Part C and Part B in North Dakota, there continue to be barriers in sharing data and having child and family outcome measurements that talk to each other.

Entrance into the ND Early Intervention system and maintenance of services can be confusing for families and other external partners because of the need to satisfy both the requirements of OSEP and the Centers for Medicaid and Medicare. Separate applications are required for both ND Early Intervention and state Medicaid and families often confuse how these activities. This is also true with maintaining eligibility for Developmental Disabilities, the Medicaid waiver, and IDEA supports upon transitioning out of Early Intervention. Coordination of systems of support can also be confusing and families can end up with different plans of care from Early Intervention, child welfare, home visitation, Early Head Start, In-home support providers, or their medical home.

Fiscal

Strengths: North Dakota has been able to maximize state funding for service delivery by utilizing the federal Medicaid match by including infant development services under the Home and Community Based Services Medicaid waiver. While this is beneficial for the financing of the system, it is also helpful for families as they have access to a family income and asset disregard.

Areas of Improvement: North Dakota is facing a funding cliff over the next two years as more funds from the federal Part C grant are

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being used to cover families that are not applying for Medicaid. North Dakota has written the service delivery into the Home and Community Based Waiver and so state general funds are combined at a 50/50 match with Medicaid dollars. This stream of funding is only available if the child is on Medicaid (families have an income and asset disregard if child is eligible for the waiver). If families refuse to apply for Medicaid, then the state is using the federal Part C grant dollars. This is putting pressure on the ability to maintain other components of the Part C system such as our childfind effort, technical assistance, and/or professional development.

According to stakeholders, one of the areas of needed improvement is timely reimbursement of services and contracts. This was discussed by stakeholders when a state work group addressed a definition of North Dakota's fee for service pay points as well as the personnel guidelines. Timely reimbursement assures that programs are not working at a deficit and are unable to meet their own expenses, such as payroll.

Quality Standards

Strengths: As noted in the Governance section, North Dakota Early Intervention has a long history of providing services in children's homes and community settings. Our ability to promote inclusion at an early age is strengthened by not having to address the setting that children receive the majority of their Early Intervention services. Clinics and classrooms have never been established so major change was unnecessary. In 2009, the state invested in contracting with Juliann Woods to provide intensive Routine-Based Intervention training to our staff. In addition, trainers were sent to Dr. Robin McWilliam's Routine-Based Interview Institute and came back to the state to train both service coordinators and Infant Development staff. The Routine-Based Interview is still used as the main tool to gather family assessment data in the state. Both the Woods and the McWilliam training has helped the state to work towards quality functional outcomes for children and their families.

Areas of Improvement: Presently, North Dakota Early Intervention has not adopted the state early learning guidelines for infants and toddlers. Also, North Dakota Early Intervention is not using any statewide system of positive behavioral supports and strategies. This systemic baseline knowledge of typical development as well as the use of behavioral supports and strategies that are good for all children would assist the staff in the field.

Because of the increasing pressure on the Part C federal budget to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

While performance data on the compliance indicator (1) – timely initiation of services has remained somewhat constant, it continues to be below the national target of 100%. The question of statewide access to qualified staff is often raised in discussing the performance on Indicator 1 and the common response is that we struggle to attract speech and language pathologists to the field. In addition, we find that primarily the Early Intervention services that are used include: physical therapy, occupational therapy, speech therapy, and specialized instruction. The other Early Intervention services such as psychology and social work services are used more infrequently.

Data

Strengths: North Dakota's web-based data system, which also serves as an electronic record, is easily accessible by the state office, the service coordinators, and the providers. The system generates the majority of the information needed for the completion of the federal reporting requirements and assists with monitoring and for purposes of closing regional program findings. The Individual Family Service Plan (IFSP) is generated from the web-based system.

North Dakota Early Intervention is partnering on a data sharing initiative that originated with the state's Early Childhood Committee. Partnership on this committee includes Head Start, Child Care, and Department of Public Instruction.

Areas of Improvement: Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conducive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

The stakeholders' input revealed that data entry into the system can be demanding. It was discussed that additional prompts, defaulted information, and anticipatory fields to decrease error in entry would be helpful.

Accountability and Monitoring

Strengths: North Dakota Early Intervention received technical assistance from the Data Accountability Center starting in 2010 to improve their general supervision system. Several in-person meetings as well as conference calls were held to establish state procedures that would assure proper compliance with the federal requirements as well as creating a feedback system for the regional programs that would drive improvement. The North Dakota Interagency Coordinating Council maintains a standing agenda item to receive a report on the status of our general supervision system throughout the year. Since the improvements were implemented, North Dakota has filed federal reports, issued letters of findings, closed findings, and implemented regional improvement plans timely. Having a web-based data system has assisted the state to accomplish these needed tasks.

Experienced Parents are parents hired to work in the regional programs. They must have a child in Early Intervention or have had

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a child who has been eligible. These parents are involved in regional general supervision activities, but also act in a capacity to advise and assist regional programs to make improvements that assure compliance and are more family-friendly.

Areas of Improvement: The state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state's review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program.

Additional work is required on state procedures to assure consistency in practices between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

State-level Improvement Plans and Initiatives

North Dakota Early Intervention's improvement efforts over the past three years have been focused on establishing structure to the general supervision system and establishing and implementing policies and procedures to assure compliance with the federal rules and regulations. This has been primarily an internal effort involving state office staff and the regional program staff. As noted earlier, North Dakota Early Intervention operates with limited amount of staff support at the state level. This affects the state's ability to be involved multiple improvement activities and initiatives.

The state of North Dakota has had no involvement in federal initiatives such as the Race to the Top Challenge grants, the Preschool Challenge grant, or the Maternal Infant and Early Childhood Home Visiting (MIECHV) grants. Presently, a private, non-profit entity, Prevent Child Abuse North Dakota (PCAND), is the recipient of the MIECHV and the Early Childhood Comprehensive Systems (ECCS) grant. PCAND has formed a statewide home visitation coalition as well as a stakeholder group for the ECCS grant. North Dakota's Part C Coordinator is involved with both of these efforts. PCAND and the Home Visitation Coalition have been instrumental in bringing relevant topics on infant/toddler issues forward for professional development purposes. This spring, a conference will be held regarding infants that are exposed to substances and the effects of substance abuse on families.

The ECCS grant is currently focused on developmental screening for children birth to three years of age, with an emphasis on social-emotional factors. The North Dakota chapter of the American Academy of Pediatrics is actively partnering with the grant to assure best practices are used in screenings across the state. This effort fits well with the state's need to increase the capacity of the North Dakota Early Intervention system to successfully identify and serve children with social/emotional/behavioral needs.

An Early Childhood Education Committee (ECEC) was formed after the requirement was added to the federal Head Start legislation. The state chose to maintain a separate North Dakota Interagency Coordinating Council. Presently, the state director for the Department of Human Services is appointed to the ECEC and represents North Dakota Early Intervention on the Committee. The Part C Coordinator and the State Family Liaison are involved with an Early Childhood Data Work Group of the ECEC. This work group has been working on a pilot project to tie an early childhood (i.e. Head Start) program into the Department of Public Instruction's data system. The pilot project that is being considered is an entity that also houses a North Dakota Early Intervention regional program. It is unknown at this time how the regional program may be involved, but this has increased the dialogue around how to involve a program in the Department of Human Services.

During the 2013 – 2015 biennium (North Dakota's legislature meets every two years), an extensive legislative study was completed on North Dakota's ability to meet the needs of their citizens with behavioral health needs. Schulte Consulting, LLC was contracted and prepared a final report which can be found at: <http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf>. Because of this study, there is currently legislature pending during the 64th session that may increase the capacity for the state to address social/emotional/behavioral issues of infants and toddlers in our state. It is too early to know what collaboration will be required or will occur.

One of the pending pieces of legislation would expand developmental screening in medical clinic setting as well as expand access to infant mental health specialists in the identified region. In addition, this region has access to expanded supports in the area of autism supports, board certified behavioral analysts, marriage and family therapists, and home visitation supports. There is also pending legislation to expand the Health Families Home Visitation model into the identified region with state funding.

Representatives Involved/Stakeholder Involvement in Infrastructure Analysis

North Dakota Early Intervention's stakeholder work involved the state staff, including data analyst staff, the North Dakota Interagency Coordinating Council, the administrators for the regional programs (both service coordination and infant development), as well as the state's Experienced Parent staff. Staff from the state's parent training and information center, Pathfinder's, were also present. Represented in this group were:

- North Dakota Department of Public Instruction
 - Special Education/Section 619
 - Homeless Coordinator

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- Parents
- North Dakota Insurance Commission
- State Child Care Administrator
- A North Dakota legislator
- Parent Training and Information Center staff
- Family to Family Health Information Center (federal grantee) staff – Family Voices of North Dakota
- North Dakota Department of Health – Children Special Health Services (MCH-B grantee)
- State Developmental Disabilities Administrator
- Regional Developmental Disabilities Program Administrators (Service Coordination Units)
- Infant Development Program Coordinators
- Experienced Parents

The NDICC was apprised of the chosen SiMR during a regularly scheduled meeting. During this meeting, improvement activities were discussed and a rationale for setting a baseline and target was discussed and implemented. At this meeting, the following entities were represented:

- State Developmental Disabilities Administrator
- A representative from the state's Protection and Advocacy program
- Infant Development Program coordinators
- Parents
- Regional Developmental Disabilities Program Administrators
- North Dakota Department of Public Instruction – Special Education/Section 619
- Parent Training and Information Center grantee
- State Child Welfare
- Family to Family Health Information Center (federal grantee) staff – Family Voices of North Dakota

Additional information was been sent to this group for further clarification on improvement strategies.

Communication has occurred with the regional program that is being highlighted for the SiMR. Both the service coordination unit and the regional infant development provider are agreeable to the opportunity.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

SiMR Statement

Percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships).

Stakeholders and the state Part C team chose the SiMR focused on child outcomes because it closely aligns with family outcomes and supporting families in their ability...

Data and Infrastructure Analysis Substantiating the SiMR

Data - Through stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a. In addition there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery; new procedural methods for distributing the survey were initiated. In August, the state team met with OSEP for two days to review the process and progress of the SSIP in North Dakota. There was continued discussion about additional data needs in the state to determine a SiMR. It was determined that the state would continue to drill down in data, specifically the FFY 2013 data as it became available for Indicator 4. At the time the FFY 2013 data became available to the state team, it was disaggregated by region and reviewed alongside the federal performance 2012 data. Based on improvement of the FFY 2013 Indicator 4 data, the team determined that there was improved performance that did not support a SiMR in this area.

In February of 2015, the ND state team was able to view the disaggregation of Indication 3 data along side regional trend data. Indicator 3a in general had a significant gap in relation to the federal performance. The state had ongoing concerns regarding the use and availability of evidence based interventions in the social emotional area due to an increasingly diverse population entering the state. The state previously had initiatives around infant mental health during 2009/2010 in early intervention. Further data analysis was completed (see data analysis of this indicator).

Infrastructure - The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings. The stakeholder meetings were structured so that a full review of the state data (as outlined in Section 1) had occurred prior to the Infrastructure Analysis.

The data elements that appeared to influence the infrastructure analysis included: the state's significant rate of growth in birth rate and eligible children, the state's strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

In regards to Quality Standards, North Dakota Early Intervention has not adopted the state early learning guidelines for infants and toddlers. Also, North Dakota Early Intervention is not using any statewide system of positive behavioral supports and strategies. This systemic baseline knowledge of typical development as well as the use of behavioral supports and strategies that are good for all children would assist the staff in the field, which is a concern for child outcomes. The state budget has been impacted due to fiscal constraints to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conducive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

In accountability and monitoring, the state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state's review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program. Additional work is required on state procedures to assure consistency in practices between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

Please refer to the data analysis and infrastructure sections of this indicator for more information.

SiMR as Child-Family-Level Outcome

Please refer to the data and infrastructure analysis sections of this indicator for more detail. The chosen SiMR is based on child outcomes. The specific program was chosen, based on the data analysis that performance on 3a summary statement 1 for a single region dropped from 50% to 0% while the program doubled in size. This region continues to have growing diverse population. Because there were not have any children in category c or d, the percentage reported for indicator 3A-1 in this region was zero. In conclusion, the children that came into the system delayed in social-emotional skills, did not show growth. Working with this specific program will allow the State to systemize their procedures, assessments & professional development, which will facilitate scale-up in other regional programs and regions.

Stakeholder involvement in Selecting SiMR

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On June 5, 2014, the Interagency Coordinating Council (ICC) was given a review of the SSIP process with Carolee Eslinger leading the meeting. Then, the ICC was presented with state Part C data to review in small groups answering questions designed to aid in data analysis. After small and large group data analysis discussion, an infrastructure analysis was completed through a Strength-Weakness-Opportunity-Threat (SWOT) activity with a group gallery walk allowing different small groups to discuss and share information. Before the group left the meeting, additional data questions were generated.

For the July 16, 2014, stakeholder meeting, which included North Dakota staff including administrators of service coordination units, early intervention providers, experienced parents, and ND state staff, a binder of data was given to each of the stakeholders. Through these stakeholder activities and processes, the state was considering a family outcome centered SiMR due to trending low performance in Indicator #4a, with significant concern in one region. In addition, there were concerns about the lack of diversity in the family survey return and significant increase in the use of family reason for the delay in service delivery. When the family survey data was analyzed for FFY 2013, significant improvement was noted, so child outcome data was further analyzed by the state team and disaggregated.

At the January 15, 2015 ICC meeting, the Indicator 4 data was shared. The consultation with national TA partners from DaSy & IDC was relayed, along with their recommendation that the State move towards using a Child Outcome, rather than a Family Outcome.

On February 17, 2015, a presentation was given to Regional Service Coordinators, EI Services Providers, and Experienced Parents, regarding the data for Indicator 4 as a SiMR topic & the need to consider using a component of Indicator 3a.

At the March 4, 2015 ICC meeting, the topic and potential strategies for improving Indicator 3a were discussed. After reviewing all components of Indicator 3, the ICC agreed with the chosen SiMR, as well as program to begin the SSIP work.

Baseline Data and Targets

If evidence-based professional development, technical assistance, and assessment skills to increase the knowledge and skills of early intervention providers to support social emotional skill development in birth to three year olds enrolled in early intervention is provided, then improved social emotional outcomes for children who come in below age expectation but make substantial gains while involved with one identified provider will be demonstrated.

The chosen program will move their performance on Indicator 3A Summary Statement 1 from their baseline of 0% to 25% in FFY 2014 and to 27.5% by FFY 2018. The targets may need to be revised based on work being completed during the SSIP, including the implementation of a new child outcome tool.

Description

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

How Improvement Strategies were Selected

Many of the improvement strategies were selected based on data from indicator 3 data and concerns in the field discussion with stakeholders, which indicated concerns in the areas of the use and understanding of the child outcome tool in the area of social emotional development. The following two areas for improvement strategies were chosen:

- Promote Best-Practice Screening and Assessment Practices
- Promote Knowledge of Social/Emotional Development

The process used to select improvement strategies included two stakeholder meetings, national technical assistance discussions, state team meetings, a survey to the field, and data analysis with focused attention on disaggregated data from the three child outcomes. The issues identified included a lack of consistent understanding and implementation of supporting families and their children in the area of social emotional development (see data analysis section for specific information). Coaching is a primary strategy that is used in the home visiting programs in North Dakota. However, the staff report that they have limited knowledge of how to support families and their children in understanding social emotional development. Furthermore, stakeholders indicated a concern that the current child outcome tool does not provide feedback for staff to review with families and does not facilitate the family or staff's understanding of individual child progress in the area of social emotional development. Overwhelmingly, stakeholders stressed the importance of obtaining a better way to garner child outcome data and give more accurate information relating to Indicator 3. This has lead the State to prioritize the implementation of a new child outcome tool.

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The broad improvement strategies listed below will be described in greater detail in Phase II of this SSIP. The implementation framework in that report (due February 2016) will include the reasons each strategy was chosen.

Proposed Coherent Improvement Strategies:

1. Promote Best-Practice Screening and Assessment Practices

- Strategies to Improve Screening and Child Find Practices
 - Identify and create an inventory of evidence-based tools and practices for screening to support improved identification practices in the area of social/emotional/behavioral development.
 - Increase efforts to collaborate and identify screening opportunities for infants and toddlers in identifying social/emotional/behavioral concerns.
 - Develop policies and procedures for promoting best-practices around identification of infants and toddlers with social/emotional/behavioral concerns.
 - Provide training to Right Track and EI staff to effectively implement new policies and procedures.
- Strategies to Improve Assessment Practices
 - Identify, create and disseminate an inventory of evidence-based tools and practices for assessing development in the area of social/emotional/behavioral development
 - Provide training to EI staff to effectively implement the use of informed clinical opinion in the eligibility process, including social/emotional/behavioral characteristics.
- Strategies to Improve Child Outcome Measurement Practices
 - Implement the use of a new Child Outcome Tool for assessment, federal reporting, and progress monitoring purposes
 - Establish a workgroup to review the new Child Outcome Tool data and progress reports to drive improvement in the area of social/emotional/behavioral development.

2. Promote Knowledge of Social/Emotional Development

- Strategies to Improve Parent Confidence and Competence
 - Develop and disseminate procedural safeguard materials that are culturally sensitive and parent-friendly
 - Provide timely feedback to parents regarding child's development especially in the area of social/emotional/behavior development through the use of a Child Outcome tool that has accessible parent reports
 - Develop and disseminate a statewide standardized job description for the Experienced Parent position to better provide parent-to-parent information and emotional support across the state
- Strategies to Improve EI Staff Confidence and Competence
 - Inventory and maximize opportunities to collaborate on existing efforts for professional development in the areas of social/emotional/behavioral development
 - Provide timely feedback to EI Staff regarding individual child's development and overall regional program performance, especially in the area of social/emotional/behavioral development through the use of a Child Outcome tool that has accessible reports
 - Require regional program orientation and use of the DEC Recommended Practices, especially related to the area of social/emotional/behavioral development through the redesign of the state's service contracts.
 - Provide training to EI staff to effectively implement the support of parent learning around Procedural Safeguards and Access to Part C services.
 - Develop, distribute, and train on a state philosophy regarding parent involvement and the link to a child's social/emotional wellness.

SSIP Phases: Year 1- Analysis FFY 2013, Year-2 FFY 2014 Plan, Phase 3 FFY 2015-2018 Implementation and Evaluation

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Year 1 FFY 2013	Phase 1: Analysis	Data analysis Infrastructure Analysis SiMR Identify focus for improvement Theory of Action
Year 2 FFY 2014	Phase 2: Plan	Steps to implement the SSIP Improvement strategies with timelines Plan for dissemination of timely data Support for EI programs and providers, families, referral sources, childcare providers Aligning with local initiatives Training of evidence-based practices Plan for how lead agency will support early intervention providers in scaling up and sustaining implementation Formative evaluation
Year 3 FFY 2015-2018	Phase 3: Implementation & Evaluation	Results of ongoing evaluation and revisions to the SSIP Progress Implementation Evaluation

How Improvement Strategies are Sound, Logical and Aligned

North Dakota Part C believes that the strategies are sound, logical, and aligned with the SiMR. These will be modified as necessary. It is felt that these coherent improvement strategies will target many different levels that contribute to supporting infants and toddlers with social emotional challenges and their families. Promoting knowledge of social emotional development and assessment practices will systematically support achieving the SiMR. These efforts are aimed at assuring that parents, providers, and referral sources understand this content area and support parents in increasing their confidence and competence in social emotional development. The state will also create policies and procedures to ensure implementation.

One of the pending pieces of legislation would expand developmental screening in medical clinic setting as well as expand access to infant mental health specialists in the identified region. In addition, this region has access to expanded supports in the area of autism supports, board certified behavioral analysts, marriage and family therapists, and home visitation supports. There is also pending legislation to expand the Healthy Families Home Visitation model into the identified region with state funding. A plan will be developed to foster collaborations with these partners.

Strategies that Address Root Causes and Build Capacity

The lead agency, with broad stakeholder input, identified the root cause of concern as not understanding the components to identify and support young children with social emotional challenges. One of the main areas of concern in the state of ND has been on the need to choose a new tool to measure child outcomes that will allow for systematic training for staff and provide for parent feedback. In addition the early intervention staff report not understanding which items on the ND child outcome tool targets social emotional skills. Therefore, there is limited information shared with parents on the progress or lack of progress their child is making in this area and how to support social emotional skills.

The SiMR focuses on measuring results for families and their children in the area of positive social emotional skills. It is highly likely that the strategies described above will address the root cause which has led to low performance in the child outcomes.

Strategies Based on Data and Infrastructure Analysis

Data- In February of 2015, the ND state team was able to view the disaggregation of Indication 3 data along side regional trend data. Indicator 3a in general had a significant gap in relation to the federal performance. The state had ongoing concerns regarding the use and availability of evidence based interventions in the social emotional area due to an increasingly diverse population entering the state. The state previously had initiatives around infant mental health during 2009/2010 in early intervention. Further data analysis was completed (see data analysis of this indicator).

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It was evident throughout the stakeholder meetings that a new child outcome tool was critical to documenting child outcome performance. The current child outcome tool, which was originally developed out of the state of Oregon, has not sustained continued development and is outdated. On December 8, 2011, North Dakota addressed the issue with the North Dakota Interagency Coordinator Council (NDICC) and the members endorsed the need to pursue new measurement tools. In October 2012, North Dakota's Part C Coordinator met with Lynne Kahn of the ECO Center to discuss the state's transition to a new tool. The state has identified the need for a new tool as a top priority & will be taking the necessary steps to identify the best option & begin transitioning to a new tool. This will allow service providers to be trained to fidelity, and the state will have better access to timely, valid & reliable data.

There are concerns about the comparative peer issue on our current child outcome tool. However, the outcome tool has been meeting quality indicators according to the ECO quality report. The state targets are under the federal performance averages, and the state is not sure if this is due to the tool being used, training issues around the tool, or collection of data. There are concerns about the number of children reported in indicator 3, and the state continues to investigate this.

Infrastructure- The state of North Dakota used the opportunity to develop the State Systemic Improvement Plan as a means to conduct two separate broad stakeholder meetings.

The stakeholder meetings were structured so that a full review of the state data (as outlined in Section 1) had occurred prior to the Infrastructure Analysis.

The data elements that appeared to influence the infrastructure analysis included: the state's significant rate of growth in birth rate and eligible children, the state's strong performance on Indicators 5 and 6, and the high performance of Indicator 2 and services delivered in the natural environment.

In regards to Quality Standards, North Dakota Early Intervention has not adopted the state early learning guidelines for infants and toddlers. Also, North Dakota Early Intervention is not using any statewide system of positive behavioral supports and strategies. This systemic baseline knowledge of typical development as well as the use of behavioral supports and strategies that are good for all children would assist the staff in the field, which is a concern for child outcomes. The state budget has been impacted due to fiscal constraints to pay for direct services, there has been a decreasing opportunity for personnel development. This applies to pre-service collaboration as well as in-service training for currently employed staff.

Presently, the North Dakota Early Intervention data system does not generate real-time child outcome data. This makes it difficult to use the child outcome data to use for progress monitoring. Presently, the tool that is being used is also not conducive to providing feedback that families and providers need to understand the child's development. Other real-time reports on both compliance and other results indicator data is also difficult for staff to access. There is no access for families who have children in ND Early Intervention and some of the staff do not have access to the electronic record (i.e. Experienced Parents). At present, the North Dakota Early Intervention data system does not interact with the state's Part B partner, so any information exchanged must be through more manual strategies.

In accountability and monitoring, the state continues to work towards improvements around the measurement of child and family outcomes. Both of these areas have been brought up through the state's review of the Annual Performance Report data as well as the stakeholder work that was completed in preparation of the State Systemic Improvement Plan. The state continues to explore options on improving the collection of performance around both child and family outcomes, so that the data proves more valuable for program change for both the state and the regional program. Additional work is required on state procedures to assure consistency in practices between regional programs. Stakeholders discussed differences in eligibility determination practices as well other areas of practice. Additional technical assistance and professional development is needed in addition to the development of state procedures.

Stakeholder Involvement in Selecting Improvement Strategies

North Dakota Early Intervention's improvement efforts over the past three years have been focused on establishing structure to the general supervision system and establishing and implementing policies and procedures to assure compliance with the federal rules and regulations. This has been primarily an internal effort involving state office staff and the regional program staff. As noted earlier, North Dakota Early Intervention operates with limited amount of staff support at the state level. This affects the state's ability to be involved multiple improvement activities and initiatives.

The NDICC was apprised of the chosen SiMR during a regularly scheduled meeting. During this meeting, improvement activities were discussed and a rationale for setting a baseline and target was discussed and implemented. At this meeting, the following entities were represented:

- State Developmental Disabilities Administrator
- A representative from the state's Protection and Advocacy program
- Infant Development Program coordinators
- Parents
- Regional Developmental Disabilities Program Administrators

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- North Dakota Department of Public Instruction – Special Education/Section 619
- Parent Training and Information Center grantee
- State Child Welfare
- Family to Family Health Information Center (federal grantee) staff – Family Voices of North Dakota

A survey was sent to the ICC members, service coordinators, regional EI providers, and Experienced Parents to gather input on the improvement strategies in March, 2015. Two responses were returned. The biggest concern raised surrounded the building of ND's infrastructure and resources for children with mental health concerns and increasing the collaborations and service delivery to those children and their families.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted



Provide a description of the provided graphic illustration (optional)

Description of Illustration

Description of Illustration

The Theory of Action is broken down in 2 key areas of needed improvement, with subcomponents:

1. Promoting Best-Practice Screening and Assessment Practices
 1. Strategies to Improve Screening and Child Find Practices
 2. Strategies to Improve Assessment Practices
 3. Strategies to Improve Child Outcome Measurement Practices
2. Promoting Knowledge of Social/Emotional/Behavioral Development
 1. Strategies to Improve Parent Confidence and Competence
 2. Strategies to Improve EI Staff Confidence and Competence

The key areas were derived from the data and infrastructure analyses, based on the root causes and incorporate the improvement strategies. The Theory of Action describes a flow of action steps based on the Improvement Strategies to increase the confidence and competence of EI staff and parents/families resulting in improvement of the State Identified Measurable Result.

How Improvement Strategies will Lead to Improve Results

North Dakota's Theory of Action outlines the improvement strategies, which will be implemented during the timeline of the SSIP to improve positive social-emotional outcomes for infants and toddlers in the chosen program.

The following describes how each improvement strategy leads to improved results in the SiMR:

Strategies to Improve Screening and Child Find Practices

If ND EI staff are orientated to an inventory of evidence-based tools and practices, providers will be able to more effectively screen all areas of a child's development, including social/emotional/behavioral development, and identify any areas of concern. If ND increases collaboration around identifying screening opportunity for infants and toddlers, this should lead to increased identification of children with social/emotional/behavioral concerns. Developing policies and procedures will promote best practices regarding identification of social/emotional/behavioral concerns, which will provide the forum to train Right Track, ND's EI Child Find Program, and EI staff regarding social/emotional/behavioral development. These steps/tasks will lead to EI providers being better equipped to screen and identify children with social/emotional/behavioral concerns. Better identification will ensure that children receive necessary services, which will positively impact their social/emotional/behavioral development.

Strategies to Improve Assessment Practices

If ND EI staff are ordientated to an inventory of evidence-based tools and practices, the EI staff will be more effectively evaluate and assess all areas of a child's development, including social/emotional/behavioral development, for the purpose of addressing any areas of concern. This will lead to improved social/emotional/behavioral skills for children involved in ND EI Services.

If ND refines and effectively trains on the use of informed clinical opinion, then EI staff will use a fuller array of techniques to understand a child's functioning during the eligibility process. Improved assessment practices will lead to more accurate eligibility determinations and service delivery for children with social/emotional/behavioral concerns.

Strategies to Improve Child Outcome Measurement Practices

If ND implements a new Child Outcome Tool, EI staff will be able to more accurately assess all areas of development, including social/emotional/behavioral development. This will enable IFSP teams to be better informed to address child and family needs. Better team planning and parents/families being informed of their child's progress in relation to the Child Outcome Tool, will lead to improved results for children, including social/emotional/behavioral skills.

If ND forms a workgroup to review the data and progress reports derived from the new tool, this will allow ND to explore how the Child Outcome data can be used to improve performance, policy and practice.

Strategies to Improve Parent Confidence and Competence

If ND develops and disseminates culturally sensitive and parent-friendly procedural safeguard materials, then parents/families will have a better understanding of their rights and the services they are entitled to while participating in Part C service. We firmly believe that parents/families being full informed of their rights will directly impact their child's performance while involved with ND EIS.

If parents/families have timely feedback regarding their child's development, especially in the area of social/emotional/behavioral skills, this will ensure better team planning and allow parents/families to better ascertain their priorities and develop more effective outcomes. This will lead to improved performance in all areas of development, including social/emotional/behavioral skills.

In ND, we provide an invaluable service, called Experienced Parent, to parents/families interested in participating. This affords parents/families the opportunity to work with someone who has moved through the ND EI System, and support parents/families as they navigate the system and services. If ND develops and disseminates a standardized job description for Experienced Parents, parents/families will receive more consistent services from their regional Experienced Parent, which will lead to parents being better informed of their rights and increase their ability to impact and maximize ND EI service delivery.

Strategies to Improve EI Staff Confidence and Competence

If ND maximizes existing efforts and collaborations for professional development in the area of social/emotional/behavioral development, then EI staff will be better equipped to address concerns, which will lead to improved social/emotional/behavioral skills in children involved with ND EIS.

If ND provides more timely feedback to EI staff regarding individual children's development and provides regional program performance, particularly in the area of social/emotional/behavioral development via the new Child Outcome Tool, EI staff will have a better idea of how their interventions and team planning are impacting the children in ND EIS. This will lead to improved outcomes in all areas of development, including social/emotional/behavioral skills.

If ND revises the service contracts with EI providers and requires regional program orientation for EI staff, including the use of the DEC Recommended Practices, especially in the area of social/emotional/behavioral development, this will provide for a broader base of knowledge for EI staff to draw from in the team planning process.

If ND provides training on the importance of supporting parent learning around procedural safeguards and access to Part C services, as well as train on the State philosophy regarding parent involvement, then EI staff will be better able to inform and support parents regarding their rights and participation in ND Early Intervention.

Stakeholder Involvement in Developing the Theory of Action

In the summer of 2014, the Interagency Coordinating Council (ICC), North Dakota staff including administrators of service coordination units, early intervention providers, and experienced parents were given a review of the SSIP process and informed that a Theory of Action must be developed. Broad recommendations were made, by the stakeholders involved, regarding issues surrounding state data and infrastructure.

On February 17, 2015, a presentation was given to Regional Service Coordinators, EI Services Providers, and Experienced Parents, regarding the data for Indicator 4 as a SiMR topic & the need to consider using a component of Indicator 3a. This presented another opportunity for stakeholders to offer recommendations regarding improvement strategies and influence the Theory of Action.

At the March 4, 2015 ICC meeting, the topic and potential strategies for improving Indicator 3a were discussed. After reviewing all

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components of Indicator 3, the ICC agreed with the chosen SiMR, as well as engaged in a broad discussion about improvement strategies to affect the SiMR.

The State Team drafted the Theory of Action and incorporated the improvement activities suggested by the ND ICC. The Theory of Action and corresponding improvement strategies were sent out to the stakeholder group previously mentioned in other sections of the SSIP.

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBP's to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

North Dakota chose to complete Phase II of the SSIP in a Word Document, following OSEP's Phase II outline. This has been attached below, so please reference that document for this section and all other sections required in Phase II of the SSIP.

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SiMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SiMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SiMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

North Dakota chose to complete Phase III, year two of the SSIP in a Word Document, following OSEP's Phase III outline. This has been attached below, so please reference that document for this section and all other sections required in Phase III of the SSIP.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

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C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

OSEP Response

Required Actions

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Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

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